Senate Engrossed House Bill

# FILED JANICE K. BREWER SECRETARY OF STATE

State of Arizona House of Representatives Forty-eighth Legislature Second Regular Session 2008

CHAPTER 103

## **HOUSE BILL 2365**

AN ACT

AMENDING SECTIONS 36-2204, 36-2220, 36-2221 AND 36-2222, ARIZONA REVISED STATUTES; RELATING TO EMERGENCY MEDICAL SERVICES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 36-2204, Arizona Revised Statutes, is amended to read:

#### 36-2204. Medical control

The medical director of emergency medical services and the emergency medical services council shall recommend to the director the following standards and criteria which THAT pertain to the quality of emergency patient care:

- 1. Statewide standardized training, certification and recertification standards for all classifications of emergency medical technicians.
- 2. A standardized and validated testing procedure for all classifications of emergency medical technicians.
- 3. Medical standards for certification and recertification of training programs for all classifications of emergency medical technicians.
- 4. Standardized continuing education criteria for all classifications of emergency medical technicians.
- 5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any level of emergency medical technicians who are required to be under medical control or medical direction.
- 6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any level of emergency medical technicians who are required to be under medical control or medical direction.
- 7. Objective criteria and mechanisms for decertification of all classifications of emergency medical technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any level of emergency technicians who are required to be under medical control or medical direction.
- 8. Medical standards for nonphysician pre-hospital treatment and pre-hospital triage of patients requiring emergency medical services.
- 9. Standards for emergency medical dispatcher training, including prearrival instructions. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
- 10. Standards for a quality assurance process for components of the emergency medical services system, including standards for maintaining the confidentiality of the information considered in the course of quality

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assurance and the records of the activities of quality assurance process pursuant to section 36-2401.

- 11. Standards for ambulance service and medical transportation that give consideration to the differences between urban, rural and wilderness areas.
- 12. STANDARDS TO ALLOW AN AMBULANCE TO TRANSPORT A PATIENT TO A HEALTH CARE INSTITUTION THAT IS LICENSED AS A SPECIAL HOSPITAL AND THAT IS PHYSICALLY CONNECTED TO AN EMERGENCY RECEIVING FACILITY.
  - Sec. 2. Section 36-2220. Arizona Revised Statutes, is amended to read: 36-2220. Records: confidentiality: definition
- A. Information developed, and records kept AND DATA COLLECTED by the department or a political subdivision of this state for the purpose of administering or evaluating the Arizona emergency medical services system or for the trauma system are available to the public except:
- 1. Any patient record including clinical records, prehospital care records, medical reports, laboratory statements and reports, any file, film, record or report or oral statement relating to diagnostic findings, treatment or outcome of patients, whether written or recorded, and any information from which a patient, the patient's family or the patient's health care provider or facility might be identified except records, files and information shall be available to the patient, the patient's guardian or the patient's agent.
- 2. Information obtained AND DATA COLLECTED for purposes of chapter 25 or chapter 4, article 5 of this title.
- B. Unless otherwise provided by law, all medical records developed and kept by a prehospital component of the statewide trauma system and information contained in these records are confidential and may not be released to the public without written authorization by the patient, the patient's guardian or the patient's agent.
- C. Notwithstanding subsection B of this section, a prehospital incident history report completed and kept by a nonhospital political subdivision of this state is available to the public except for information in that report that is protected from disclosure by the laws of this state or federal law including but not limited to confidential patient treatment information.
- D. Patient records and medical records covered by this section may be obtained pursuant to section 12-2294.01.
- E. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article AND that relates to emergency medical technicians are confidential and are not subject to public inspection or civil discovery. When the investigation has been completed and the investigation file has been closed, The results of the investigation and the decision of the department shall be ARE available to the public AFTER THE INVESTIGATION IS COMPLETED AND THE INVESTIGATION FILE IS CLOSED.

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Sec. 3. Section 36-2221, Arizona Revised Statutes, is amended to read: 36-2221. Requirements: confidentiality: violation:

#### classification

- A. Trauma centers shall submit to the department a uniform data set for the trauma patient as prescribed by the department. Advanced life support base hospitals that are not trauma centers may also submit this data to the department. The director shall identify the categories of patients who are to be reported as trauma patients under this section.
- B. The department shall provide quarterly trauma system data reports to each hospital AND DESIGNATED TRAUMA CENTER submitting data.
- C. THE DEPARTMENT MAY AUTHORIZE OTHER PERSONS AND ORGANIZATIONS TO USE STATE TRAUMA REGISTRY DATA:
  - 1. TO STUDY THE SOURCES AND CAUSES OF TRAUMA.
- 2. TO EVALUATE THE COST, QUALITY, EFFICACY AND APPROPRIATENESS OF DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE AND PREVENTIVE SERVICES AND PROGRAMS THAT ARE RELATED TO TRAUMA.
- D. INFORMATION COLLECTED BY THE STATE TRAUMA REGISTRY THAT CAN IDENTIFY AN INDIVIDUAL IS CONFIDENTIAL AND MAY BE USED ONLY PURSUANT TO THIS SECTION. A PERSON WHO DISCLOSES CONFIDENTIAL INFORMATION IN VIOLATION OF THIS SECTION IS GUILTY OF A CLASS 3 MISDEMEANOR.
  - Sec. 4. Section 36-2222, Arizona Revised Statutes, is amended to read: 36-2222. <u>Trauma advisory board: membership: compensation:</u>

#### duties

- A. The trauma advisory board is established and consists of the following members:
- 1. The medical director of the office BUREAU of emergency medical services who shall chair the board.
- 2. The director of the department of public safety or the director's designee.
- 3. Four members representing the four regional emergency medical services coordinating councils.
  - 4. Two members from trauma centers in this state.
- 5. A representative from a statewide organization representing a national college of surgeons that is a recognized, authoritative body representing national trauma services standards.
  - 6. A representative from a statewide fire district association.
  - 7. A representative from a statewide hospital association.
- 8. A representative from a federal Indian health services organization.

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- 9. A representative from a national organization of emergency physicians that is a recognized, authoritative body representing national emergency medicine standards.
  - 10. A representative from a national association of retired persons.
- 11. A representative from a statewide rehabilitation facility that is accredited by a national commission on the accreditation of rehabilitation facilities.
- 12. A representative from an urban advanced life support base hospital that is not a trauma center.
- 13. A representative from a rural advanced life support base hospital that is not a trauma center.
  - 14. A representative from a statewide ambulance association.
- 15. A representative from a fire department in a county with a population of five hundred thousand persons or more according to the most recent United States decennial census.
  - 16. A representative of a tribal health organization.
  - 17. A REPRESENTATIVE FROM A STATEWIDE NEUROSURGICAL SOCIETY.
  - 18. A REPRESENTATIVE FROM A STATEWIDE PEDIATRIC ORGANIZATION.
  - 19. A REPRESENTATIVE FROM A SOCIETY OF TRAUMA NURSES.
  - 20. A REPRESENTATIVE FROM A NATIONAL ASSOCIATION OF ORTHOPEDIC TRAUMA.
- B. Except for board members who serve under subsection A, paragraphs 1 and 2 of this section, board members are appointed by the director and serve staggered three year terms.
- C. The director shall accept recommendations for appointment of board members from organizations representing consumers, insurers and governmental agencies that have an interest in the development of a statewide trauma system including statewide chapters of a national trauma society, a national emergency medical nurses association, a medical association and an aeromedical association. Wherever appropriate to the entity being represented, the director shall consider qualified licensed physicians with experience in trauma care in anesthesia, emergency medicine, neurosurgery, orthopedics and pediatrics, and licensed nurses with experience in prehospital emergency care or trauma care.
- D. Board members are not eligible to receive compensation but are eligible for reimbursement of expenses under title 38. chapter 4, article 2.
  - E. The board shall:
- 1. Make recommendations on the initial and long-term processes for the verification and designation of trauma center levels, including the evaluation of trauma center criteria.
- 2. Make recommendations on the development and implementation of comprehensive regional emergency medical services and trauma system plans.
- 3. Make recommendations on the state emergency medical services and trauma system quality improvement processes, including the state trauma registry.

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- 4. Submit a report to the director on or before October 1 of each year regarding the board's accomplishments and recommendations.
- F. The chairperson may appoint subcommittees to assist the board in meeting the requirements of subsection E of this section.

Sec. 5. <u>Emergency</u>

This act is an emergency measure that is necessary to preserve the public peace, health or safety and is operative immediately as provided by law.

APPROVED BY THE GOVERNOR APRIL 28, 2008.

FILEN IN THE OFFICE OF THE SECRETARY OF STATE APRIL 28, 2008.

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Passed the House <u>March 3</u> , 20 <u>0</u>	Passed the Senate April 15, 2008
	_Ayes, by the following vote:Ayes,
Speaker of the House	Voting  Nays,  Not Voting  Emergency  President of the Senate
Horman J. Move Chief Clerk of the House	Secretary of the Senate
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### HOUSE CONCURS IN SENATE AMENDMENTS AND FINAL PASSAGE

H.B. 2365

## EXECUTIVE DEPARTMENT OF ARIZONA OFFICE OF SECRETARY OF STATE

This Bill was received by the Secretary of State

this 28 day of 1 pr. 1, 2008,

and 36 o'clock M. Bruver